



The Healing Place - Richmond

- Opened in 2005
- 214-bed long-term residential recovery program for men
- Peer recovery encompasses peer accountability, peer role-modeling and peer counseling



The Healing Place - Richmond

- Consistently high sobriety outcomes have been achieved – **70%** one year after completion of educational part of the program
 - For persons with high problem severity and low recovery capital
 - Cost efficiently – in Richmond, \$20/day

Current shift in treating addiction and viewing recovery

- Addiction as an acute illness
 - Similar to treatment for an infection or broken bone
 - Crisis-linked point of intervention
 - Professionally-dominated decision making
 - Expect people to achieve complete & enduring sobriety following a single, brief episode of treatment
 - Treatment in serial episodes of self-contained, unlinked interventions
 - Punitively discharge clients for becoming symptomatic
 - Terminate the service relationship following treatment
- Addiction as a chronic illness
 - Similar to treatment for other chronic illnesses (i.e. hypertension or diabetes)
 - Does not expect a person to resolve their symptoms prior to seeking services
 - Does not discontinue help when a person is symptomatic
 - Pre-recovery interventions to increase recovery readiness
 - Interventions to support recovery initiation
 - Continuing care recovery interventions to enhance the durability and quality of recovery maintenance



Low Threshold for Engagement/ Services on Demand

- Based upon certain beliefs:
 1. Individuals present with different levels of readiness for change
 2. It is unrealistic to expect someone to resolve their problems before receiving services
 3. Eliminate unnecessary barriers
 - i.e. waiting lists, pre-admission abstinence/sobriety requirements
 4. Provide help when someone presents in need of help



What this looks like at THP

- Wet shelter
- Motivational component of the program
- 24/7 admissions into the Sobering Up Center
- Open referral for law enforcement
- “As many times as it takes” - Clients are always given a way to get back into the recovery program



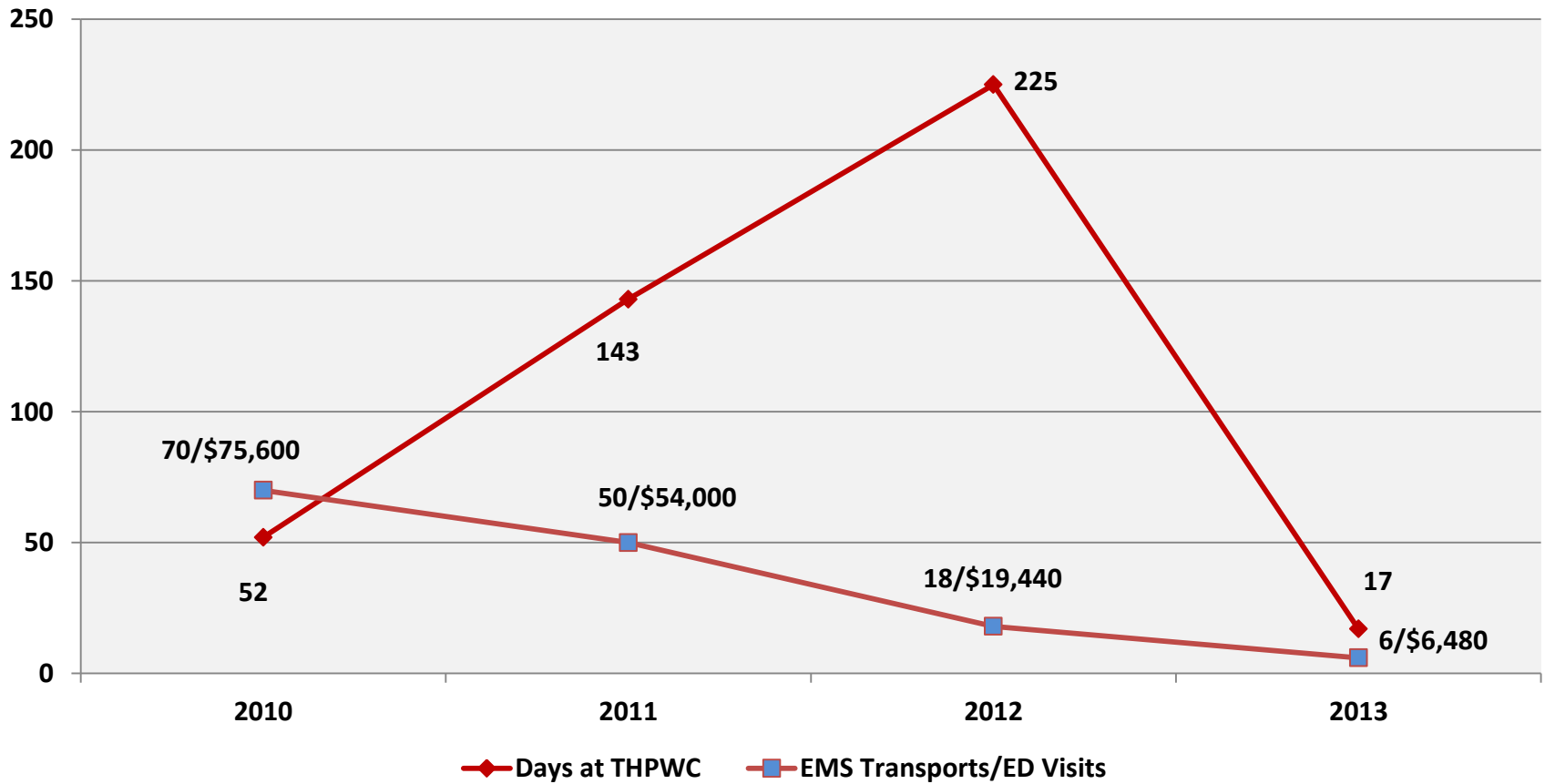
Long-term, Peer-driven Social Model Recovery Program

- Based upon certain beliefs:
 1. Attraction is essential
 - For many people, what is missing is hope
 2. Current treatment services (i.e. 7 – 14 days inpatient treatment) are inadequate for individuals with high problem severity and low recovery capital
 3. Treatment services often cannot meet immediate needs of clients in crisis



A Case Study: Willie

THP Engagement, EMS Transports and ED Visits
A study of one client





A Case Study

Year	EMS Responses	% Change	EMS Transports	% Change
2010	76	N/A	70	N/A
2011	55	↓27.63%	50	↓28.57%
2012	21	↓61.82%	18	↓64.00%
2013	7	↓66.67%	6	↓71.43%

Year	EMS Transports	EMS Cost	Minimum ED Cost	Total Costs	% Change
2010	70	\$35,000	\$40,600	\$75,600	N/A
2011	50	\$25,000	\$29,000	\$54,000	↓28.57%
2012	18	\$9,000	\$10,440	\$19,440	↓64.00%
2013	6	\$3,000	\$3,480	\$6,480	↓66.67%

Year	Days at THP	Total THP Cost	Total EMS/ED Costs
2010	52	\$1,820	\$75,600
2011	143	\$5,005	\$54,000
2012	225	\$7,875	\$19,440
2013	17	\$595	\$6,480